

ABSENTEE BALLOT VOTING

Registered Voters requesting Absentee Ballot must do so **in writing or in person** at City Hall.

Information Required:

PRINT: Last Name, First Name, Address, Date of Birth, Phone Number,
Mailing Address, if different, and **Signature**.

If designating another person to obtain absentee ballot, voter must identify and designate **in writing** that person.

Information Required **from** Designee, Agent, or Assistant:

Signature and printed name **MUST** be obtained from designated person who,

- 1) Completes form for voter, or
- 2) Obtains form for voter.

Mailing Ballots: Ballots will only be mailed or obtained in person through close of business (4:30 p.m.) Monday, October 31, 2005, nor before 30 days prior to election.

Qualifications for Absentee Ballots:

- 1) Absent from the City.
- 2) Suffering from an accident, illness, or physical disability.
- 3) Confined in or restricted to an institution.
- 4) Attending to a death or serious illness in my family.
- 5) Have academic obligations at an institute of higher education outside the City.
- 6) I am 65 years or older and my polling place is inaccessible.
- 7) Other reasons may be considered upon request.

Receiving Ballots:

Delivered ballots must be received at City Hall by close of business (4:30 p.m.) on Monday, October 31, 2005, or by mail by close of business (4:30 p.m.) on Tuesday, November 1, 2005.

ABSENTEE BALLOT APPLICATION

PRINT NAME AS REGISTERED:

Last Name _____ First _____ M.I. _____

Street _____

City _____ State _____ Zip _____

Date of Birth _____ Phone Number _____

Mailing Address, if different:

Street _____

City _____ State _____ Zip _____

Under penalty of law , I certify that the information contained herein is true and correct.

Signature of voter _____

Persons obtaining Absentee Ballot will not be allowed to vote in person on election day.

=====

I authorize the below assistant, designee, or agent to obtain absentee ballot on my behalf.

Signature of voter _____

Certification of Assistant

I hereby certify that the voter named above, who requires assistance because of disability or inability to read or write or obtain ballot in person, authorized me to complete and/or obtain ballot for him/her. If voter is unable to sign this application, I have printed the voter's name, followed by my initials.

Signature of Designee/Assistant _____

Printer Name _____

Date _____

City Hall personnel receiving application: _____

Date: _____